Application for Health Care Claims Data
Attachment A: Data Release Descriptions

Please indicate which Level 2 data elements (if any) are included in your request. Applicants are required to justify the need for each requested Level 2 data element to accomplish the selected purpose.

<u>Member Eligibility Data Release</u>

Requested Y/N	Data Element #	Data Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
	ME001	Payer		X		Payer submitting payments
	ME002	National Plan ID		X		CMS National Plan ID
	ME003	Insurance Type Code/Product	X			Insurance type
	ME004	Year	X			Year eligibility is reported in this submission
	ME005	Month	X			Month eligibility is reported in this submission
	ME006	Insured Group or Policy Number			X	Group or policy number
	ME007	Coverage Level Code	X			Benefit Coverage Level
	ME008	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's unique identification number
	ME009	Plan Specific Contract Number		X		Encrypted plan assigned contract number
	ME010	Member Suffice or Sequence Number		X		Uniquely numbers the member within the contract
	ME011	Member Identification Code		X		Encrypted member's unique identification number
	ME012	Individual Relationship Code	X			Member's relationship to insured
	ME013	Member Gender	X			Gender
	ME014	Member Date of Birth			X	CCYYMMDD
		Member Age in Years		X		Calculated field based on date of birth
		Member Age in Months		X		Calculated field based on date of birth
	ME015	Member City Name		X		City name of member
	ME016	Member State or Province	X			As defined by the US Postal Service
	ME017	Member ZIP Code		X		5 digit ZIP Code of member
	ME018	Medical Coverage	X			Yes or No
	ME019	Prescription Drug Coverage	X			Y Yes No field
	ME020	Race 1	X			Race
	ME021	Race 2	X			Race
	ME022	Other Race	X			Patient Race, if Race 1 or Race 2 is entered as Other Race
	ME023	Hispanic Indicator	X			Yes/No
	ME024	Ethnicity 1	X			Ethnicity
	ME025	Ethnicity 2	X			Ethnicity
	ME026	Other Ethnicity	X			if Ethnicity 1 or Ethnicity 2 is entered as OTHER.
	ME027	Record Type	X			MEMBER

Medical Claims Data Release

Requested Y/N	Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
	MC001	Payer		X		Payer submitting payments
	MC002	National Plan ID		X		CMS National Plan ID
	MC003	Insurance Type/Product Code	X			Type of Insurance
	MC004	Payer Claim Control Number		X		Must apply to the entire claim and be unique within the payer's system
	MC005	Line Counter		X		Line number for this service
	MC005A	Version Number		X		Version number of the claim service line
	MC006	Insured Group or Policy Number			X	Group or policy number
	MC007	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's Unique ID number
	MC008	Plan Specific Contract Number		X		Encrypted plan assigned
	MC009	Member Suffix or Sequence Number		X		Uniquely numbers the member within the contract
	MC010	Member Identification Code		X		Encrypted member's Unique Identification number
	MC011	Individual Relationship Code	X			Member's relationship to subscriber
	MC012	Member Gender	X			Gender
	MC013	Member Date of Birth			X	CCYYMMDD
	MC014	Member City Name		X		City name of member
	MC015	Member State or Province		X		As defined by the US Postal Service
	MC016	Member ZIP Code		X		5 digit ZIP Code of member - may include non-US codes
	MC017	Date Service Approved (AP Date)		X		CCYYMMDD == (Generally the same as the paid date)
	MC018	Admission Date		X		inpatient claims CCYYMMDD
	MC019	Admission Hour	X			Required for all inpatient claims HH or HHMM
	MC020	Admission Type	X			
	MC021	Admission Source	X			
	MC022	Discharge Hour	X			Hour in military time – HH or HHMM
	MC022A	Discharge Date		X		Required for inpatient claims CCYYMMDD
	MC023	Discharge Status	X			Discharged Disposition
		Length of Stay (LOS)	X			Calculated LOS field.
		Member Age in Years at Discharge		X		Calculate age based on Discharge date
		Member Age in Months at Discharge		X		Calculated age in months at Discharge
	MC024	Service Provider Number		X		Payer assigned provider number
	MC025	Service Provider Tax ID Number		X		Federal taxpayer's identification number
	MC026	National Service Provider ID		X		Required if National Provider

Requested Y/N	Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
						ID is mandated for use under HIPAA
	MC027	Service Provider Entity Type Qualifier	X			1 Person or 2 Non-Person Entity HIPAA provider taxonomy
	MC028	Service Provider First Name		X		Individual first name. Set to null if Facility
	MC029	Service Provider Middle Name		X		Individual middle name or initial. Null if facility or org.
	MC030	Service Provider Last Name or Organization Name		X		Full name of provider organization or last name of individual provider
	MC031	Service Provider Suffix	X			Suffix to individual name. Set to null if Facility or Org.
	MC032	Service Provider Specialty		X		As defined by payer
	MC033	Service Provider City Name		X		City name of provider - practice location
	MC034	Service Provider State	X			As defined by the US Postal Service
	MC035	Service Provider ZIP Code		X		ZIP Code of provider
	MC035A	Service Provider Country Name	X			Country name of provider - practice location
	MC036	Type of Bill – on Facility Claims	X			Type of Bill
	MC037	Site of Service – on NSF/CMS 1500 Claims	X			CMS 1500 Claim Form
	MC038	Claim Status	X			Payment status of service line,
	MC039	Admitting Diagnosis	X			Required on all inpatient admission claims and encounters
	MC040	E-Code	X			ICD-9 CM. Describes injury, poisoning or adverse effect
	MC041	Principal Diagnosis	X			ICD-9-CM on claim Header.
	MC042	Other Diagnosis – 1	X			ICD-9-CM
	MC043	Other Diagnosis – 2	X			ICD-9-CM
	MC044	Other Diagnosis – 3	X			ICD-9-CM
	MC045	Other Diagnosis – 4	X			ICD-9-CM
	MC046	Other Diagnosis – 5	X			ICD-9-CM
	MC047	Other Diagnosis – 6	X			ICD-9-CM
	MC048	Other Diagnosis – 7	X			ICD-9-CM
	MC049	Other Diagnosis – 8	X			ICD-9-CM
	MC050	Other Diagnosis – 9	X			ICD-9-CM
	MC051	Other Diagnosis – 10	X			ICD-9-CM
	MC052	Other Diagnosis – 11	X			ICD-9-CM
	MC053	Other Diagnosis – 12	X			ICD-9-CM
	MC054	Revenue Code	X			National Uniform Billing Committee Codes
	MC055	Procedure 1 Code	X			Health Care Common Procedural Coding System (HCPCS)
	MC056	Procedure 1 Modifier – 1	X			Clarifies/improves the reporting accuracy of the associated procedure code

Requested Y/N	Data Element #	Data Element Name	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
	MC057	Procedure 1 Modifier – 2	X			Clarifies/improves the reporting accuracy of the associated procedure code
	MC058	ICD-9-CM Procedure 1 Code	X			Primary ICD-9-CM code given on the claim header.
	MC059	Date of Service – From		X		First date of service for this service line: CCYYMMDD
	MC060	Date of Service – Thru		X		Last date of service for this service line : CCYYMMDD
	MC061	Quantity	X			Count of services performed
	MC062	Charge Amount		X		Amount charged for service.
	MC063	Paid Amount		X		Includes any withhold amounts
	MC064	Prepaid Amount		X		For capitated services, the fee for service equivalent amount
	MC065	Copay Amount	X			The preset, fixed dollar amount for which the individual is responsible.
	MC066	Coinsurance Amount		X		Coinsurance
	MC067	Deductible Amount	X			Deductible
	MC068	Record Type	X			Medical Claim

Pharmacy Claims Data Release

Requested Y/N	Data Element#	Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
	PC001	Payer		X		Payer submitting payments
	PC002	Plan ID		X		CMS National Plan ID
	PC003	Insurance Type/Product Code	X			Insurance Type
	PC004	Payer Claim Control Number		X		Unique claim number of payer system
	PC005	Line Counter		X		Line number for this service
	PC006	Insured Group Number			X	Group or policy number
	PC007	Encrypted Subscriber Unique Identification Number		X		Encrypted subscriber's Unique Identification number
	PC008	Plan Specific Contract Number		X		Encrypted plan assigned contract number
	PC009	Member Suffix or Sequence Number		X		Uniquely numbers the member within the contract
	PC010	Member Identification Code		X		Encrypted member's Unique Identification number.
	PC011	Individual Relationship Code	X			Member's relationship to subscriber
	PC012	Member Gender	X			Gender
	PC013	Member Date of Birth			X	CCYYMMDD
		Member Age in Years at Service Date		X		Calculated field based on Date of Birth and Service Date
		Member Age in Months at Service Date		X		Calculated field based on Date of Birth and Service Date
	PC014	Member City Name of Residence		X		City name of member
	PC015	Member State		X		As defined by the US Postal Service
	PC016	Member ZIP Code		X		ZIP Code of member
	PC017	Date Service Approved (AP Date)	X			CCYYMMDD
	PC018	Pharmacy Number		X		pharmacy number (NCPDP or NABP)
	PC019	Pharmacy Tax ID Number		X		Federal taxpayer's identification number
	PC020	Pharmacy Name		X		Name of pharmacy
	PC021	National Pharmacy ID Number		X		Required if National Provider ID is mandated under HIPAA
	PC022	Pharmacy Location City		X		City name of pharmacy - preferably pharmacy location
	PC023	Pharmacy Location State		X		As defined by the US Postal Service
	PC024	Pharmacy ZIP Code		X		ZIP Code of pharmacy -
	PC024A	Pharmacy Country Name	X			Country name of pharmacy
	PC025	Claim Status	X			Processed primary, secondary, tertiary Etc.
	PC026	Drug Code	X			NDC Code
	PC027	Drug Name	X			Text name of drug
	PC028	New Prescription	X			New prescription
	PC028A	Refill Number	X			01-99 Number of refill

Requested Y/N	Data Element#	Element	Level 1 Data	Level 2 Data	Level 3 Data	Description/Codes/Sources
	PC029	Generic Drug Indicator	X			Generic vs branded drug
	PC030	Dispense as Written Code	X			Dispense indicator
	PC031	Compound Drug Indicator	X			N Non-compound drug
	PC032	Date Prescription Filled		X		CCYYMMDD
	PC033	Quantity Dispensed	X			Number of metric units of medication dispensed
	PC034	Days Supply	X			Estimated number of days the prescription
	PC035	Charge Amount		X		Do not code decimal point
	PC036	Paid Amount		X		Health plan payments.
	PC037	Average Wholesale Price (AWP)	X			Cost of the drug dispensed
	PC038	Postage Amount Claimed	X			Do not code decimal point
	PC039	Dispensing Fee	X			Do not code decimal point
	PC040	Copay Amount	X			Dollar amount the individual is responsible
	PC041	Coinsurance Amount		X		Do not code decimal point
	PC042	Deductible Amount	X			Do not code decimal point
	PC043	Record Type	X			Pharmacy Claim